

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID Nr | DATE |
|---------------------------|----------|-------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SP | 1027 | 8/17 |
| RESPONSE FORMALITY REVIEW | MTB | 954 | 09/14/01 |
| | | | 11/9/01 |

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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10-12-01
 11-11-01
 09-11-01